

WATER WELL REPORT

STATE OF WASHINGTON

Water Right Permit No.

Notice of Intent **W166714**

UNIQUE WELL I.D. # **AKG129**

(1) OWNER: Name **Mike Rowe C/O Coach Corral**

Address **4942 Pacific Highway, Ferndale, WA 98248**

(2) LOCATION OF WELL: County **Island**

- NW 1/4 NW 1/4 Sec 2 T 33 N, R 1E WM

(2a) STREET ADDRESS OF WELL (or nearest address) **XXXX SR 20 Oak Harbor**

TAX PARCEL NO.

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal
☐ Irrigation ☐ Test Well ☐ Other
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
☒ New Well Method
☐ Deepened ☐ Dug ☐ Bored
☐ Reconditioned ☐ Cable ☐ Driven
☐ Decommission ☒ Rotary ☐ Jetted

(5) DIMENSIONS: Diameter of well **6** inches
Drilled **119** feet Depth of completed well **117** ft

(6) CONSTRUCTION DETAILS:

Casing Installed:

☒ Welded **6** " Diam from **+2** ft to **108** ft
☐ Liner installed " Diam from " ft to " ft
☐ Threaded " Diam from " ft to " ft

Perforations: ☐ Yes ☒ No

Type of perforator used

SIZE of perforations _____ in by _____ in
_____ perforations from _____ ft to _____ ft
_____ perforations from _____ ft to _____ ft
_____ perforations from _____ ft to _____ ft

Screens: ☒ Yes ☐ No ☐ K-Pac Location

Manufacturer's Name **alloy**

Type **ss** Model No

Diam **6** Slot size **6** from **107** ft to **117** ft

Diam _____ Slot size _____ from _____ ft to _____ ft

Gravel/Filter packed: ☐ Yes ☒ No ☐ Size of gravel/sand

Material placed from _____ ft to _____ ft

Surface seal: ☒ Yes ☐ No To what depth? **18** ft

Material used in seal **bentonite**

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? Depth of strata

Method of sealing strata off

(7) PUMP: Manufacturer's Name

Type _____ H P

(8) WATER LEVELS: Land-surface elevation _____ ft
above mean sea level _____ ft

Static level **94** ft below top of well Date **02/13/2004**

Artesian pressure _____ lbs per square inch Date

Artesian water is controlled by _____
(Cap, valve, etc)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? ☒ Yes ☐ No If yes, by whom? **Aquatech**

Yield **15** gal/min with **11** ft drawdown after **1** hrs

Yield _____ gal/min with _____ ft drawdown after _____ hrs

Yield _____ gal/min with _____ ft drawdown after _____ hrs

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

Date of test **02/16/2004**

Bailer test **9** gal/min with **5** ft drawdown after **1** hrs

Airtest _____ gal/min with stem set at _____ ft for _____ hrs

Artesian flow _____ g p m Date

Temperature of water _____ Was a chemical analyses made? ☐ Yes ☒ No

(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION:

Formation Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. Indicate all water encountered

MATERIAL	FROM	TO
topsoil	0	1
brown clay gravel	1	3
brown clay	3	14
gray clay	14	30
tan silty sand	30	48
tan silty sand gravel	48	56
tan silty sand	56	60
tan silty sand water	60	68
brown clay sand layered	68	81
brown sand	81	94
gray sand water	94	117
gray clay	117	

Well site meets siting criteria of Island Co.
code 8.09

04017

RECEIVED

FEB 20 2004

DEPT OF ECOLOGY

Work Started **02/12/2004**, 19 Completed **02/13/2004**, 19

WELL CONSTRUCTION CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief

Type or Print Name **Brannon Hopke** License No **1825**
(Licensed Driller/Engineer)

Trainee Name _____ License No _____

Drilling Company **Aquatech Well Drilling & Pumps Inc**

(Signed)  License No **1825**
(Licensed Driller/Engineer)

Address **2722 Butler Crk Rd SedroWoolley Wa 98284**

Contractor's

Registration No **AQUATWD040K4** Date **02/16/2004**, 19

(USE ADDITIONAL SHEETS IF NECESSARY)

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